

STATE OF INDIANA       )  
                                  ) SS:  
COUNTY OF MARION     )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NO: 8172-AG09-0720-181

IN THE MATTER OF:

Jeffrey C. Sucic  
7628 Andrew Turn  
Plainfield, IN 46168

License No.: 440138

**FILED**

JUL 23 2009

STATE OF INDIANA  
DEPT. OF INSURANCE

**FINDINGS OF FACT AND SUSPENSION ORDER**

WHEREAS, on April 14, 2009, the Commissioner of the Indiana Department of Insurance ("Commissioner") mailed Jeffrey Sucic ("Respondent") a certified letter requesting a list of company appointments and a written response to a complaint received by the Department (Attached hereto as Exhibit "A"); and

WHEREAS, on April 17, 2009, certified mail article #7005 3110 0002 4440 3040 was delivered to Respondent, Jeffrey Sucic (A copy of which is attached hereto as Exhibit "B"); and

WHEREAS, on July 20, 2009, the Department attempted to contact Respondent by the phone numbers provided in its producer database, SIRCON - one of which is no longer in service, and the other which has no voice messaging system – with no avail; and

WHEREAS, Respondent has failed to provide a list of company appointments within ten (10) days as requested by the Commissioner; and

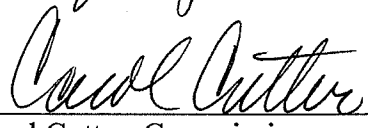
WHEREAS, Respondent's failure to provide said list constitutes a violation of IC 27-1-15.6-12(g); and

WHEREAS, the Commissioner has the authority to issue an order suspending Respondent's license without a hearing pending receipt of said list of appointments pursuant to IC 27-1-15.6-12(g); and

WHEREAS, the Commissioner shall set this matter for hearing upon request of Respondent pursuant to IC 4-21.5-4-4; and

IT IS THEREFORE ORDERED BY THE COMMISSIONER that Respondent's license number 440138 is hereby suspended, effective immediately, and will remain suspended until Respondent submits the list of appointments requested by the Commissioner.

ALL OF WHICH IS ORDERED the 23<sup>rd</sup> day of July, 2009.

  
\_\_\_\_\_  
Carol Cutter, Commissioner  
Indiana Department of Insurance

Copies to:

Lisa Harpenau  
Enforcement Division  
311 W. Washington St., Suite 300  
Indianapolis, IN 46204

Jeffrey C. Sucic  
7628 Andrew Turn  
Plainfield, IN 46168



# STATE OF INDIANA

MITCHELL E. DANIELS, JR., Governor

# IDOI

INDIANA DEPARTMENT OF INSURANCE  
311 W. WASHINGTON STREET, SUITE 300  
INDIANAPOLIS, INDIANA 46204-2787  
TELEPHONE: (317) 232-2385  
FAX: (317) 232-5251

JAMES ATTERHOLT, Commissioner

April 14, 2009

Jeffrey Sucic  
7628 Andrew Turn  
Plainfield, IN 46168

Re: Enforcement Case No.: 8172

Dear Mr. Sucic:

Enclosed please find a copy of a complaint received by this Department regarding your activities as an insurance agent. I would like to resolve the issues without the necessity of proceeding with administrative action against your license. Please provide a complete written response to this complaint not later than ten (10) days after receipt.

Please submit a list of the companies you have held appointments with in the past twelve (12) months. Per Indiana Code § 27-1-15.6-12(h), **failure to submit the list of appointments within ten (10) days will result in the suspension of your license.**

Your prompt attention to this matter will be greatly appreciated.

Respectfully,

*David Rose*

David Rose  
Insurance Investigator  
Consumer Protection Division

Enclosure

Via Cert Mail # 7005 3110 0002 4440 3040

**EXHIBIT**

A

ACCREDITED BY THE  
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES  
(317) 232-2413  
FAX: (317) 232-5251

COMPANY SERVICES  
(317) 232-3437

CONSUMER SERVICES  
(317) 232-2395  
In-State 1-800-622-4461

EXAMINATIONS / FINANCIAL SERVICES  
(317) 232-2390

MEDICAL MALPRACTICE  
(317) 232-2402  
FAX: (317) 232-5251

SECURITIES / COMPANY RECORDS  
(317) 232-1991

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Jeffrey Sucic  
7628 Andrew Turn  
Plainfield, In 46168

**2. Article Number**  
(Transfer from service label)

7005 3110 0002 4440 3040

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X

☒ Agent

☐ Addressee

**B. Received by (Printed Name)**

Sucic

**C. Date of Delivery**

4-17-09

**D. Is delivery address different from item 1? ☐ Yes**

If YES, enter delivery address below: ☐ No

**3. Service Type**

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**EXHIBIT**

B